| AMENDMENT TRANSMITTAL LETTER   |   |   |                                   |                    |              | Docket No.<br>2611-0198P |  |
|--|---|---|-----------------------------------|--------------------|--------------|--------------------------|--|
| Applicatio   |   | Filing Date                             |                                   | Examine            |              | Art Unit                 |  |
| 10/692,686-Conf. #2067 October 27, 2003 J. E. Matt   |   |   |                                   | is                 | 2616         |                          |  |
| Applicant(s): Yoshiaki KATO et al.   |   |   |                                   |                    |              |                          |  |
| nvention: REMUI  | LTIPLEXING A                              | PPARATUS                                |                                   |                    |              | _                        |  |
| MS Amendment<br>Commissioner for I<br>P.O. Box 1450<br>Alexandria, VA 223                              |   |   |                                   |                    | -            |                          |  |
| Transmitted here   | with is an ame                            | ndment in the                           | above-identif                     | ied application.   |              |                          |  |
| The fee has been   | n calculated an                           | d is transmitte                         | d as shown b                      | elow.              |              |                          |  |
| CLAIMS AS AMENDED  |   |   |                                   |                    |              |                          |  |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate               |              |                          |  |
| Total Claims   | 4   | - 20 =                                  | 0                                 | x 52.00            |              | 0.00                     |  |
| Independent<br>Claims  | 2   | - 4 =                                   | 0                                 | x 220.00           |              | 0.00                     |  |
| Multiple Depend  | lent Claims (che                          | eck if applicabl                        | le)                               |                    |              |                          |  |
| Other fee (please  | e specify):                               |   |                                   |                    | 1            |                          |  |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:   |   |   |                                   |                    | <b>†</b>     | 0.00                     |  |
| x Large Entity Small Entity  |   |   |                                   |                    | /            |                          |  |
| x No additional fee is required for this amendment.  |   |   |                                   |                    |              |                          |  |
| Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.       |   |   |                                   |                    |              |                          |  |
| A check in the amount of \$ is enclosed.   |   |   |                                   |                    |              |                          |  |
| _  | credit card. Fo                           |   | _                                 | seu.               |              |                          |  |
| x The Director   | is hereby auth                            | orized to charg                         | ge and credit                     | Deposit Account N  | No. 02-24    | 148                      |  |
| as described below. A duplicate copy of this sheet is enclosed.  x Credit any overpayment.             |   |   |                                   |                    |              |                          |  |
|  |   |   | n procesina f                     | ees required under | 37 CED 1 16  | and 1 17                 |  |
|  |   |   | -                                 | ·                  |              |                          |  |
| Michael K. Mutte<br>Attorney Reg. N  |   | - 45:                                   | 509-                              | Dated:S            | September 24 | 1, 2009                  |  |
| BIRCH, STEWA<br>8110 Gatehouse<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Vi<br>(703) 205-8000 | e Road                                    | ,                                       | .P                                |                    |              |                          |  |